



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**INSTRUCTIONS FOR COMPLETION OF AN
APPLICATION FOR REAUTHORIZATION**

Complete this reauthorization application only if the Corporate Certificate of Authority has "Expired".

A current Certificate of Good Standing issued by the Missouri Secretary of State must accompany the application.

The application must be typewritten and all requested information must be provided.

Attach a check or money order in the amount of \$200 payable to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects. The \$200 reauthorization fee is non-refundable.

NOTE:

If the name of the corporation or limited liability company has changed, a certified copy of the Amendment of Name Change, filed with the Missouri Secretary of State, must accompany the reauthorization application.

**STATE OF MISSOURI**

DIVISION OF PROFESSIONAL REGISTRATION

REQUEST FOR REAUTHORIZATION OF CORPORATE CERTIFICATE UNDER ORIGINAL NUMBER

TO:

Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects
3605 Missouri Boulevard
Jefferson City, MO 65109

NAME AND ADDRESS OF CORPORATION/LIMITED LIABILITY COMPANY (PLEASE TYPE)

TELEPHONE NUMBER

()

E-MAIL ADDRESS

Request is hereby made by _____, for
(NAME OF CORPORATION/LIMITED LIABILITY COMPANY)

reauthorization of corporate certificate under original number _____, on

the basis of information contained in the original application on which corporate certificate was originally granted.

For the purpose of securing such reauthorization under the original number, we reaffirm as true all statements contained in the original application for corporate certificate, which is by reference made a part hereof.

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON CORPORATION/LIMITED LIABILITY COMPANY

	YES	NO
Has your corporation been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on your ability to practice, or monetary penalty or payment of costs in any other licensing jurisdiction that you have not previously disclosed to this Board? If “YES” , please attach a copy of the charges, findings, and order to this application.	<input type="checkbox"/>	<input type="checkbox"/>

Dated this _____ day of _____, _____.

(SIGNATURE OF PRESIDENT/MANAGER OF CORPORATION/LIMITED LIABILITY COMPANY)

NOTARY PUBLIC EMBOSSING SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

Attach the \$200 reauthorization fee in the form of a check or money order made payable to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects.

FOR BOARD USE ONLY

CHECK DATE	CHECK NUMBER	AMOUNT
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MANAGING AGENT

Pursuant to Board Rule 20 CSR 2030-10.010 (2)..."The managing agent shall be an owner or officer of a corporation, or member of a limited liability company, or a full-time employee of a corporation or a limited liability company. If the managing agent is also the person providing immediate personal supervision, as defined by board rule(s) 20 CSR 2030-13.010 and/or 20 CSR 2030-13.020, then that person must work in the same office where the work is being performed.

(3) The managing agent's responsibilities include:

- (A) Renewal of the certificate of authority and notification to the board of any changes in the firm;
- (B) Overall supervision of the professional and licensing activities of the firm and its employees;
- (C) Assurance that the firm institutes and adheres to policies that are in accordance with Chapter 327, RSMo and 20 CSR 2030; and
- (D) Assurance, in the case of multiple offices, that the requirements for immediate personal supervision, as defined by board rule(s) 20 CSR 2030-13.010 and/or 20 CSR 2030-13.020 are being met."

AFFIDAVIT OF LICENSED MANAGING AGENT

I, _____, being duly sworn, state that I am a
(NAME OF LICENSED MANAGING AGENT)
licensed _____, _____, in
(ARCHITECT, PROFESSIONAL ENGINEER, PROFESSIONAL LAND SURVEYOR OR PROFESSIONAL LANDSCAPE ARCHITECT) (LICENSE NUMBER)
the state of Missouri and that I consent to be the managing agent responsible for the proper conduct of all the
_____ activities in the state of Missouri of
(ARCHITECTURAL, ENGINEERING, LAND SURVEYING OR LANDSCAPE ARCHITECTURAL)
_____.
(NAME OF CORPORATION OR LIMITED LIABILITY COMPANY)

I further agree that as managing agent I will be responsible for the following:

- Renewal of the certificate of authority and notification to the board of any changes in the firm;
- Overall supervision of the professional and licensing activities of the firm and its employees;
- Assurance that the firm institutes and adheres to policies that are in accordance with Chapter 327, RSMo and 20 CSR 2030; and
- Assurance, in the case of multiple offices, that the requirements for immediate personal supervision, as defined by board rule(s) 20 CSR 2030-13.010 and/or 20 CSR 2030-13.020 are being met.

SIGNATURE OF LICENSED MANAGING AGENT		DATE	
NOTARY PUBLIC EMBOSSEING SEAL	STATE	COUNTY	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

AFFIDAVIT OF CORPORATE PRESIDENT OR LIMITED LIABILITY COMPANY MANAGER

I, _____, the undersigned affiant, being duly sworn,
(PRESIDENT OF CORPORATION OR MANAGER OF LLC)

state that the directors of _____, have voted
(NAME OF CORPORATION OR LIMITED LIABILITY COMPANY)

to designate and assign the responsibility of all _____
(ARCHITECTURAL, ENGINEERING, LAND SURVEYING OR LANDSCAPE ARCHITECTURAL)

activities done in Missouri for such corporation or limited liability company to _____
(NAME OF LICENSED MANAGING AGENT)

and that such individual is:

(Check all that apply. At least one must be checked.)

☐ Owner (Corporation Only) ☐ Officer (Corporation Only) ☐ Member (Limited Liability Company Only)

☐ Fulltime Employee

SIGNATURE OF PRESIDENT OF CORPORATION OR MANAGER OF LIMITED LIABILITY COMPANY

DATE

NOTARY PUBLIC EMBOSSING SEAL

STATE

COUNTY

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

Failure to properly complete this form will result in the return of the reauthorization application without processing. (If you find that more copies of this page are needed, duplicate as many times as necessary before you start filling it in.)

Below, in columns provided for that purpose, list name and address of ALL corporate officers/members. The Missouri license number **MUST** also be listed for officers/members who are licensed to practice architecture, professional engineering, professional land surveying and/or professional landscape architecture in this state

[illegible]